Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617~6380

From:

Account Name :

: MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A.

Account Number : 120000000003 Phone : (407)841-4141

Fax Number : (407)841-4141

nter the email address for this business entity to be used for future annual report mailings. Enter only one cmail address please **

Email Address:

REGISTERED AGENT RESIGNATION XXL PIZZA, LLC

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KBALY EXAMINER APR 19 2012 (((H12000103062 3)))

COVER LETTER

OVER 1E COE	VVI Diana LLC	
SUBJECT: Na	XXL Pizza, LLC	ny
DOCUMENT NUMBER:		
The enclosed Resignation of Registers for filing.	ed Agent for a Limited Liabili	ity Company and fee are submitted
Please return all correspondence conce	erning this matter to the follo-	wing:
Scott E. Johnson, Es Name of Person	squire	
Moran Kidd Lyons Johnson & Name of Firm/Compa		
111 N. Orange Avenue, S Address	Suite 1200	
Orlando, Florida 32 City/State and Zip Co	2801 de	
sjohnson@morankido E-mail address: (to be used for future and	d.com nual report notification)	
For further information concerning this	s matter, please call:	
Scott Johnson Name of Person	at (at (Area Code & Dayti	841-4141 me Telephone Number

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(((R12000103062 3)))

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Moran Kidd Lyons Jo	hnson & Berkson, P.A. hereby resigns as
Name of Re	gistered Agent
Registered Agent for	XXL Pizza, LLC
	7
<u> </u>	lame of Limited Liability Company
! <i>በመን</i> ታስትስ የተሰላማ	
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Document Number, if know	νπ.
	ed to the above listed limited liability company at its last known address.
	ed to the above listed limited liability company at its last known address. The discentinged on the 31st day after the date on which this statement is fi
	Tice discontinued on the 31st day after the date on which this statement is fi
The agency is terminated and the of	Tice discontinued on the 31st day after the date on which this statement is fi
The agency is terminated and the of	Tice discentinged on the 31st day after the date on which this statement is fi
The agency is terminated and the of	Tice discentinged on the 31st day after the date on which this statement is find the Signature of Resigning Agent Scott E. Johnson

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

INFIS17 (08/05)

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